

***Single Subject-Subject Matter Program Sponsor – Transmittal
Cover Sheet***

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1) Sponsoring Organization:

Name _____

2) **Submission Type(s)** Place a check mark in the appropriate box.

English Subject Matter Preparation	
Mathematics Subject Matter Preparation	
Science Subject Matter Preparation	
Social Science Subject Matter Preparation	

3) **Program Contacts:**

1. Name _____

Title _____

Address _____

Phone _____ Fax _____

E-mail _____

Single Subject Program Sponsor - Transmittal Cover Sheet

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2. Name _____

Title _____

Address _____

Phone _____ Fax _____

E-mail _____

4) Chief Executive Officer (*President or Provost; Superintendent*):

Name _____

Address _____

Phone _____ Fax _____

E-mail _____

***I Hereby Signify My Approval to Transmit This Program Document to the
California Commission on Teacher Credentialing:***

CEO Signature _____

Title _____

Date _____

Single Subject Matter Preparation Program Response to Standards

PROGRAM SPONSOR (Name of Institution and Department)

Please fill out the requested information below to help us plan for providing technical assistance in a timely manner.

Contact Person: _____ **Title:** _____

Department: _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

Please indicate the subject area for which you are submitting a program proposal document:

English _____ Mathematics _____ Science _____ Social Science _____

Please indicate when you intend to submit program documents responding to the new Single Subject Matter Preparation Standards: Rank your first four choices from the time frames provided below (1 = first choice, 4 = last choice):

Submission responding to the Single Subject Matter Preparation Standards by:

☐ October 3, 2003

☐ January 5, 2004

☐ March 2, 2004

☐ June 1, 2004

☐ August 2, 2004

☐ November 2, 2004

☐ March 1, 2005

Please mail or fax this form

Submit to: Helen Hawley
Commission on Teacher Credentialing
1900 Capitol Ave.
Sacramento, CA 95814
Fax (916) 324-8927

THIS FORM HAS TWO PAGES

Blended Teacher Preparation Program Response to Standards

PROGRAM SPONSOR (Name of Institution and Department)

Please fill out the requested information below to help us plan for providing technical assistance in a timely manner.

Contact Person: _____ **Title:** _____

Department: _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

If you are presently operating any CLAD Emphasis program(s) as part of your Blended Program(s), please indicate the type of response you will be submitting:

_____ SB 2042 only (includes AB 1059 authorization)

_____ SB 2042 "Plus" (includes AB 1059 authorization plus CLAD Certificate)

Please indicate when you intend to submit program documents responding to the new Blended Program Standards: Rank your first four choices from the time frames provided below (1 = first choice, 4 = last choice):

Submission responding to the Blended Program Standards by:

☐ October 3, 2003

☐ January 5, 2004

☐ March 2, 2004

☐ June 1, 2004

☐ August 2, 2004

☐ November 2, 2004

☐ March 1, 2005

Please mail or fax this form not later than May 30, 2003.

Submit to: Phyllis Jacobson
Commission on Teacher Credentialing
1900 Capitol Ave.
Sacramento, CA 95814
Fax (916) 327-3165